

of breaching this kind of communications barrier. With relatively little formal training they are capable of motivating persons within a particular ethnic or poverty group to understand and seek the health care they should have. They can also identify and help to overcome the administrative and logistical difficulties which are so often present.

Two articles in this issue of CALIFORNIA MEDICINE (pages 207 and 253) deal with the use of indigenous Health Aides to assist in bringing the poor and certain ethnic minorities into the mainstream of modern health care. This approach appears to be both logical and successful. If so, it should be continued and extended. Mainstream health care for all is the goal which must be achieved. Anything less is not good enough for Americans in the latter half of the twentieth century.

The Fear of Women— Or Our Debt to Book Reviewers

ALTHOUGH THE SERVICE they perform is a valuable one that usually calls for a scholarly rounding of considerable degree, book reviewers are not often celebrated as they deserve for the work they

do. Occasionally, however, one must deal with the accumulating debt we owe them, and it is pleasant to have our attention drawn to the general subject of book reviews by an outstanding example. In less than a page of type the reviewer of *The Fear of Women* (page 280) contributes a graceful essay that informs, provokes, entertains. We are told something of the book, something of its author, and, by inference, something of the essayist himself. (He comes through as a person of amiable disposition who has read widely and at some time has, say, worked on a road crew or a drilling rig or shot a little pool.) His review gets neatly down to the sum of the matter — the answer to that question the reader starts with and ends with: Shall I buy the book?

Our purpose here is not merely to call attention to the particular felicity of this review but to acknowledge the inadequately rewarded toil of our book reviewers in general. How very much they lighten the load of all of us who must read selectively or fall behind! Of them we can say, as the reviewer of *The Fear of Women* says of the author of that work: "We need guys like this around today."

ANGIOGRAPHY IN BLUNT ABDOMINAL TRAUMA

"Blunt abdominal trauma poses problems in both the diagnosis and the management of the various organs that are involved. The angiogram can solve many of these problems. In terms of problems in diagnosis, the patient with multiple injuries, the patient who is unconscious or intoxicated, the patient who might have a ruptured spleen is, of course, commonly recognized; but with regard to treatment, we're still not certain which renal injury—when identified—requires early operation, or what to do with the pelvic fracture in which there is massive bleeding, or exactly how to treat injuries to the liver. We have performed over 100 aortograms in patients with blunt abdominal trauma. They're particularly valuable in the instances of injuries to the spleen and kidney. What we look for on these studies is evidence of arterial displacement, occlusion, or the relatively uncommon—but quite diagnostic—arteriovenous shunting which occurs in injuries to the solid viscera. Similarly, the viscera may show displacement or actual disruption."

—ROBERT J. FREEARK, M.D., Chicago
Extracted from *Audio-Digest Surgery*, Vol. 15,
No. 21, in the Audio-Digest Foundation's subscription series of tape-recorded programs.